## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 29, 2006 08:00 AM Secretary of State DOCUMENT # P96000038269 1. Entity Name T.G.H. INVESTMENTS, INC. Principal Place of Business Mailing Address 2 N.E. 1 STREET 2 N.E. 1 STREET MIAMI, FL 33132 MIAMI, FL 33132 03212006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0666848 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE ULLMAN, BILL 4600 FIRST UNION FINANCIAL CNTR 200 S BISCAYNE BLVD IN THIS SPACE MIAMI, FL 33131 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE !\$ \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PΠ TITLE GOMEZ, MICHAEL C NAME 2 N.E. 1 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 TITLE HORTA, ORLANDO JR U00000484232 NAME 2 N.E. 1 STREET STREET ADDRESS 04/12/06-80029-025 150.00 CITY-ST-ZIP MIAMI, FL 33132 NAME STREET ADDRESS DO NOT WRITE CITY-87-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP title NAME STREET ADDRESS CITY-\$1-278

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching purity an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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**FILED**